

VIRGINIA POULTRY WASTE MANAGEMENT - POULTRY WASTE TRANSFER RECORDKEEPING/REPORTING FORM - RECIPIENTS

Copies of these records for the preceding state fiscal year (July 1 through June 30) must be submitted on or before September 15 every year to the DEQ

Reporting Period: _____			
<input type="checkbox"/> Poultry Grower	DEQ Permit #: _____	<input type="checkbox"/> Poultry Waste Broker	DEQ Registration or Permit #: _____
Name: _____		Business Name: _____	
Mailing Address: _____			
Street	City	State	Zip

The following information is required to verify compliance with the requirements of the Virginia Pollution Abatement Regulation and General Permit for Poultry Waste Management (9VAC25-630-50, 60 & 70) and § 62.1-44.17:1.1 of the Code of Virginia. This information pertains to the tracking of manure/litter sold or given away and must be recorded to comply with the law. **By signing below, I acknowledge that I have received a copy of the most recent nutrient analysis of the poultry waste received and a copy of the DEQ Poultry Litter Fact Sheet that includes requirements for proper storage and management of poultry waste. If I am not the end user, I will provide a copy of the nutrient analysis and approved fact sheet to those whom I sell or give poultry waste.**

<i>This column to be completed by grower or broker named above:</i> Generation County, State & Zip	Date(s) Transferred	Amount Transferred (Tons)	Litter Analysis N (incorp) - N (not incorp) - P2O5 - K2O (lbs/ton)	Locality Where Waste Will Be Utilized or Stored	Nearest Stream/ Waterbody to Land Application or Storage	Recipient:	
						Name & Signature	Full Mailing Address or If Broker: Broker Registration #
County:				Town/City:		Print:	
State & Zip:				County & Zip:		Signed:	
County:				Town/City:		Print:	
State & Zip:				County & Zip:		Signed:	
County:				Town/City:		Print:	
State & Zip:				County & Zip:		Signed:	
County:				Town/City:		Print:	
State & Zip:				County & Zip:		Signed:	
County:				Town/City:		Print:	
State & Zip:				County & Zip:		Signed:	
County:				Town/City:		Print:	
State & Zip:				County & Zip:		Signed:	
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State & Zip:				County & Zip:		Signed:	